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CIRCULAR LETTER NO. 10

SUBJECT: Venereal Disease Prophylaxis.

1. All previous letters, Office of the Surgeon, NATOUSA and MTOUSA, pertaining to venereal disease prophylactic stations and the administration of venereal disease prophylaxis are rescinded:

Section I Circular Letter No. 19, dated 26 June 1943.

Circular Letter No. 53, dated 7 June 1944.

Section III Circular Letter No. 42, dated 7 August 1944.
(Designated as Section II by Circular Letter No. 43, dated 13 August 1944)

2. Provisions for prophylactic supplies and stations.

a. Prophylactic items for individual issue.

(1) In accordance with Section I, WD Circular Number 410, dated 19 October 1944, which revises AR 40-210, paragraph 23 b (2) (b) individual venereal disease prophylactic items will be made readily available to all military personnel.

(2) Individual prophylactic materials will be issued by medical supply officers to units and prophylactic stations without reimbursement in the same manner as any other expendable item of supply. An adequate supply of both mechanical prophylactic (condoms) and individual chemical prophylactic items will be maintained in the unit for distribution without cost to the individual. In no case will prophylactic items be sold. While the number to be issued to each individual is not limited, discretion will be used to prevent wastage.

b. Unit prophylactic stations and supplies.

(1) A prophylactic station will be maintained in each unit of company size or smaller in accordance with Section

- 1 -

RESTRICTED

R E S T R I C T E D

SURG MTOUSA Cir Ltr #-10 (cont'd)

I, WD Circular Number 410 dated 19 October 1944 which revises AR 40-210, paragraph 23 b (2) (a) and in accordance with letter, Headquarters NATOUA, dated 12 July 1944, file AG 726.1 SURG-O, Subject: "Venereal Disease Control".

(2) The following articles are considered the minimum requirements for the efficient operation of a unit prophylactic station:

MD Item No.

9118100	Prophylactic, mechanical (condom)
9118000	Prophylactic, chemical, individual
1412000	Soap, soft, 1 lb. jars (GI soap if soft soap is not available)
1464100	Sulfathiazole, U.S.P., 7.7 gr tablets
7936000	Towel, paper, 150 per package (3 for each patient)
7778000	Cup, paper, collapsible, 250 per carton
7868000	Paper, toilet, roll
	Bidet or straddle basin
	Facilities to provide running warm water

c. Metropolitan prophylactic stations and supplies.

(1) One or more prophylactic stations should be established in all cities or towns which are visited by large numbers of U. S. Army troops. Stations will be conducted under the supervision of the surgeon of the command concerned.

(2) The following articles are considered the minimum requirements for the efficient operation of a metropolitan prophylactic station:

MD Item No.

9118100	Prophylactic, mechanical (condom)
9118000	Prophylactic, chemical, individual, or
1322110	Prophylactic, ointment, 1 lb. jar (15% sulfathiazole-30% calomel ointment)
1412000	Soap, soft, 1 lb. jar
7493000	Soap, white, floating, 6 oz.
7489000	Soap, laundry, 1 lb.
7778000	Cup, paper, collapsible, 250 per carton
1464100	Sulfathiazole, U.S.P., 7.7 gr. tablets
7936000	Towel, paper, 150 per package (3 per patient)
7868000	Paper, toilet, roll
3668000	Depressor, tongue, 100 per carton
	Bidets or straddle basins
	Clock: Procured locally or hour glass
	Closed receptacles in which to keep the wooden tongue depressors.

Lavatory for patient to wash his hands.
Lyster bag for drinking water
Facilities to provide running warm water

3. Location, installation and operation of prophylactic stations.

a. Unit.

(1) Location. The unit prophylactic station should be located in a room or tent which is used solely for the purpose of administering venereal disease prophylaxis and located so that it will be easily accessible to the entire personnel with a minimum of effort. It may be located next to the showers to avoid duplication of water heating facilities. Stations should not be established in a latrine or toilet.

(2) Installations. Ample floor space should be provided to prevent over-crowding. Usually one bidet or straddle stand with running warm water is sufficient for one company or smaller unit. The bidet should be raised to an overall height approximately 18-20 inches for the comfort and convenience of the patient. Facilities necessary for ample running warm water can be provided or improvised with reasonable effort. Movable screens may be installed for privacy.

b. Metropolitan.

(1) Location. Care will be exercised in the selection of sites for stations in cities so that they will be near place of exposure and easily accessible to all troops. Stations should be located on the ground floor. Existing civilian buildings should be used and remodeled to make a suitable station. When no existing buildings is available, a prefab or one constructed of dunnage should be considered.

(2) Installation. Stations should be of adequate size, approximately 12 x 15 feet for small stations. Where it is necessary to provide for more than one prophylaxis being given simultaneously, a larger space should be obtained. Rooms should be painted white and made as clean and attractive as possible. The floor should be concrete or tile to facilitate easy cleaning. Bidets with running warm water will be installed. Sufficient bidets should be installed to meet demands. The bidets should be raised to an overall height of approximately 18-20 inches to facilitate easy washing and comfort of the patient; should face the medication shelf which should be out of reach of the patient; should be placed about 5 feet from the wall and should be spaced not less than 4 feet from center to center of each bidet. The pipes to each bidet should be buried in the concrete. Hot and cold water should be piped to each bidet and the pipes connected

R E S T R I C T E D

SURG MTOUSA Cir Ltr #10 (con'td)

with a T so that the temperature of the water can be regulated by the patient. The pipes should extend above the bidet 8-10 inches with the delivery pipe extending several inches over the bidet. An ample quantity of running warm water should be made available. Partitions or screens should be installed for privacy and should be movable to facilitate easy cleaning of the station. A toilet or lavatory should be provided for the attendants. Stoves should be installed for heating in cold weather. Adequate lighting facilities in the stations should be provided.

c. Posting of Stations.

(1) Unless prohibited by blackout regulations, a green light should be kept burning during darkness on the outside of the station so that it can be seen from a considerable distance. A sign "U.S. Army Prophylactic Station" should be placed on the outside of the station so that it can be read easily from a considerable distance. Directional signs should be placed at strategic places in camps and cities to point out the location of the station.

d. Operation.

(1) Stations will be kept open during the entire 24 hour period and maintained in a clean and orderly condition. Condoms will be available for issue without cost to personnel of the U. S. Army, U. S. Navy and U. S. Merchant Marine.

e. Inspection of Stations.

(1) The responsible medical officer will inspect the station at frequent intervals to determine that the station is operated efficiently, that supplies are adequate, that prophylactic treatment is administered properly and that the attendants are well trained.

4. Training of personnel to administer venereal disease prophylaxis.

a. Individual.

(1) The unit medical officer is responsible for the instruction of all troops in the necessity for the proper use of condoms and individual chemical prophylactic kits during and following exposure to prevent venereal infections. The value of proper cleansing with soap and water will be explained carefully. Because venereal disease exposed individuals, especially when intoxicated, will not always administer an efficient prophylaxis to themselves, the necessity for reporting to a prophylactic station for supervised prophylaxis immediately after exposure even though condoms and the prophylactic kit have been used, should be emphasized.

R E S T R I C T E D

b. Unit and metropolitan station attendants.

(1) Prophylactic station attendants should be of good character, conscientious, trustworthy and thoroughly trained in the proper technique of supervised prophylaxis.

(2) Units not having attached or assigned medical enlisted personnel to serve as attendants in unit prophylactic stations should designate two or more enlisted men to attend schools under the direction of the surgeons of each base section, army or air force. At these schools, they should receive sufficient instruction to qualify them to properly administer and intelligently instruct individuals in the proper technique of venereal disease prophylaxis. The course of instruction should cover the following subjects:

(a) The meaning and method of obtaining surgical cleanliness.

(b) The simple facts about the pathogenic micro-organisms with special reference to those causing venereal disease. This instruction will include laboratory demonstrations of cocci, bacilli, and spirochaetes whenever practicable.

(c) Simple descriptions of the anatomy and physiology of the male and female organs.

(d) Descriptions of the ordinary symptoms and course of gonorrhea, syphilis and chancroid.

(e) The mechanism of venereal disease prophylaxis.

1. Mechanical prophylaxis (condom). The proper and correct use of the condom will result in maximum protection against all venereal infections of the genitals. Instruction in the use of the condom should cover the scientific explanation by which venereal infections are prevented and the proper technique for the application and removal of the condom.

2. Individual chemical prophylaxis. The new type of chemical prophylactic kit issued by the Medical Department will be used in addition to the condom in the administration of venereal disease prophylaxis in this theater. The component parts of the chemical prophylactic kit and the action of each component part in the prevention of venereal infections should be thoroughly understood. The prophylactic kit for individual use will be the same as that used in unit and metropolitan prophylactic stations. Therefore, it will be necessary to explain to the individuals the reasons why it is necessary to report to a prophylactic station for prophylaxis as soon as possible after exposure. At the prophylactic station, adequate supervision is provided; hot water, soap and sulfathiazole tablets are available. Individuals may fail to follow the proper technique thoroughly in a self administered prophylaxis, especially

SURG MTOUSA Cir Ltr # 10 (cont'd)

if they are under the influence of alcohol.

3. Station Prophylaxis. The following directions for the administration of venereal disease prophylaxis are recommended to be used in this theater and should be posted in both unit and metropolitan prophylactic stations:

a. Patient will wash hands.

b. Patient will remove trousers and drawers and roll up shirt to the waist.

c. The attendant will examine the patient, without touching him, for evidence of venereal disease. No prophylaxis will be given if evidence of venereal disease is present. He will be sent to the appropriate medical installation for treatment.

d. If no venereal disease is present, patient will urinate if possible. This act flushes out the urethra and washes away many micro-organisms.

e. Seated on the bidet or the straddle basin, the patient will pull back the foreskin (if present) and wash head of penis thoroughly with warm water and liquid, soft soap or soap rag. It is very important to pay special attention to the thorough cleaning of the under surface of the penis. The thorough washing will include the lower part of the abdomen, the scrotum (or bag) and the inner surface of the thighs. This procedure should take about five minutes.

f. Rinse off all the soap using plenty of water and dry with paper towel.

g. Each patient will use one individual prophylactic kit or an equal amount of the prophylactic ointment.

h. Have the patient pull back the foreskin (if present) and rub the prophylactic ointment thoroughly over the penis, scrotum, pubic hairs and inner side of the thighs. Be especially careful to rub the ointment on the underside of the head of the penis around the "G String", and in the furrow behind the head of the penis. The rubbing of the ointment should continue for not less than three minutes. Injection into the urethra should be omitted.

i. The penis is wrapped in toilet paper to prevent soiling of the clothes. The paper should be left in place for several hours or overnight.

j. Have patient wash hands and dress.

k. The attendant will give to all patients except flying personnel of the Air Corps, and those who have had a previous station prophylaxis with sulfonamide administered within 8 hours, four (4) tablets or 2 grams of sulfathiazole

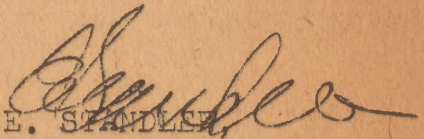
R E S T R I C T E D

or sulfadiazine and at least a canteen cupful of water to drink. Attendants will be especially careful to see that the full amount of water is consumed. This is important.

(f) The importance of the prevention of venereal disease will be impressed on the attendants and everything possible will be done to arouse their interest, pride and cooperative spirit in their work.

6. Records. A daily count will be kept showing the number of prophylactic treatments given at each station. Recording of names will not ordinarily be done except when special evaluations of prophylactic methods are being made.

For the SURGEON:


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Colonel, M. C.,
Deputy Surgeon.

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